PTC/SB/06 (08-00)
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of Information times.

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|---|---|--|-------------------|---|--------------------|--------------------|------------------------|--------------------|-----------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876   |   |  |                   |   |                    |                    |                        | 70/                | 4744      | 7                      |
| OF AUTO ARISH EN PART I   |   |  |                   |   |                    |                    | VIIIY_                 | OR _               | OTHER'    |                        |
| MARIOSO SYTEM   |   |  |                   |   |                    | RATE               | FEE                    |                    | RATE      | FEE                    |
| BASIC   |   |  | 10                |   |                    |                    |                        | OR                 |           |                        |
| TOTAL   | R 1.16(3))<br>.CLADAS   | <del>-                                    </del> | 1 (0 minus 20 - ) |   |                    | xs•                |                        | GR                 | ו•        | ·                      |
| (DI CFR 1.10(c)) ROSEPERDENT CLASS  |   | 5 7  | 1                 |   | . 0                |                    |                        | OR                 | ×8*       |                        |
| (3) CAS (18(p))   |   |  |                   |   |                    | ×42                |                        | OR                 | ••        |                        |
| MALTIFLE DEPENDENT CLASH PRESENT (37 OFR 1.18(4))   |   |  |                   |   |                    | TOTAL              |                        | OR                 | TOTAL     |                        |
| " If the difference in column 1 is less then zero, enter "O" in column 2.   |   |  |                   |   |                    |                    |                        |                    | .02       |                        |
| CLAIMS AS AMENDED - PART II   |   |  |                   |   |                    |                    |                        |                    |           |                        |
|   | (Column 1) (Column 2) (Column 5)                                |  |                   |   |                    | SMALL E            | NTITY                  | OR                 | SMALL E   |                        |
| ٩   |   | CLAIMS<br>REMAINING<br>AFTER                     |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE               | ADDI-<br>TIONAL<br>FEE |                    | RATE      | ADOI-<br>TIONAL<br>FEE |
| EN L  | Total   | AMENOMENT  | Minus             | -20   | -X7                | ×4                 |                        | OR.                | x \$=     |                        |
| ENDM  | (OF OFFICE LARGE)   | . 7  | Minus             |   | -(2)               | × 8                |                        | OR.                | xs        | TT                     |
| AME   |   | <i>∞</i>   | <u> </u>          |   | 14000              |                    |                        | OR                 | +3 -      |                        |
| FIRST PRESENTATION OF MACTIFILE DEPENDENT CLAIM (37 CFR 1.150)  |   |  |                   |   | TOTAL              |                    | OR.                    | TOTAL<br>ADO'L FEE | ~         |                        |
|   |   |  |                   |   |                    | ADD'L FEE          | L                      | , ~                | ADD C PEE |                        |
| <u> </u>  |   | (Cotumn 1)                                       | , ,               | (Column 2)<br>HIGHEST                       | (Cotumn 3)         |                    |                        | 1                  |           | 4001                   |
| 8 5   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDWENT        |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA   | RATE               | ADOI-<br>TIONAL<br>FEE |                    | RATE      | ADDI-<br>TRONAL<br>FEE |
| ENDMENT   | Total<br>grown Lines  | 10   | Ménus             | - 20  | • 7                | x                  |                        | OR                 | ×5        |                        |
| 2   | Independent<br>OF OFR LISTO                                     | 12   | Minus             | -3  | 17                 | × 6                |                        | OR                 | x 3       |                        |
| ₩.  |   | VATION OF MATER                                  | E DEPEND          | OCT CLAIM COT CO                            | FR (FING)          |                    | 1. /                   | CR                 | +1/-      |                        |
| FIRST PRESENTATION OF MALTPLE DEPENDENT CLAIM (27 CFR (MMC))  |   |  |                   |   | TOTAL<br>ADD'L FEE |                    | OR                     | ADOPL PEE          |           |                        |
| 208)  |   |  |                   |   |                    |                    |                        |                    | 1         |                        |
|   | 100   | (Column 1)                                       |                   | (Cotumn Z)<br>HEGHEST                       | (Calumn 3)         | RATE               | ADDI                   | 1                  | RATE      | ADD4-                  |
| N   | 2 8 07  | REMAINING<br>AFTER<br>AMENDMENT                  |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | EXTRA              |                    | TIONAL                 | 4                  |           | FEE                    |
| Ž   | Total<br>graff Lifts  | 23-  | Minas             | <sup>-</sup> 20                             | 5                  | x 225.             |                        | _ OR               | 50        | 250                    |
| ENDMENT   | Independent<br>(3° CPR 1.44042                                  | 1.4  | Minus             | <b>"</b> 3)                                 | • 1                | x 100.             | ļ                      | OR.                | x .200 .  | 200                    |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(6)) |  |                   |   |                    | +:180.             | ↓                      |                    | + 360.    | 1                      |
|   |   |  |                   |   |                    | TOTAL<br>ADD'L FEE | L                      | OR                 | ADD'L FEE | 450                    |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Righest Number Previously Paid For" IN THUS SPACE is less than 20, enter "20".  "If the "Righest Number Previously Paid For" IN THUS SPACE is less than 2, enter "3". |   |  |                   |   |                    |                    |                        |                    |           |                        |

"He thighest Number Previously Paid For In This SPACE is less than 3, when "S.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (end by the This collection of information is required by 35 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (end by the CNSTO to proceas) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete U.S.P.O. The will vary depending upon the individual case. Any comment including gathering, preparing, and submitting the complete this form endfor segregations for reducing this burden, should be sent to the Chief information Officer, U.S. Patent on the amount of time you require to complete this form endfor segregations for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, F.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SERD FEES OR COMPLETED FORMS TO THIS ADDRESS. 3ERD TO: Commissioner for Patentia, P.O. Box 1450, Alexandria, VA 22313-1450.

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